
Counselling Within Inuit Systems in Canada's North Le counseling à l'intérieur des systèmes inuits dans le Nord canadien

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ABSTRACT

This article discusses the history of Inuit culture with a focus on the intergenerational trauma that stemmed from colonialism, forced assimilation, and the Canadian government's sovereignty efforts. This article addresses the loss of cultural identity among Inuit people that resulted from these events. A comparative statistical analysis between Northern and Southern Canada reveals the higher rates of psychosocial issues such as drug and alcohol abuse and family violence in Nunavut. Inuit culture is in a state of cultural transition and consequently requires culturally sensitive and knowledgeable counsellors. The author combines existing literature and personal observations from working as a clinician in Nunavut to arrive at recommendations for practice. The interventions of a family system's therapy approach align well with Inuit values and will be discussed as one beneficial intervention for use with Inuit clients.

RÉSUMÉ

Cet article présente une discussion de l'histoire de la culture inuite en mettant l'accent sur le traumatisme intergénérationnel ayant résulté du colonialisme, de l'assimilation forcée et des efforts de souveraineté du gouvernement canadien. On y aborde la perte d'identité culturelle chez les Inuits par suite de ces événements. Une analyse statistique comparative entre le Nord et le Sud du Canada révèle des taux plus élevés de problèmes psychologiques comme la toxicomanie, l'alcoolisme et la violence familiale au Nunavut. La culture inuite se trouve dans une période de transition culturelle et requiert donc des conseillers et conseillères attentifs aux enjeux culturels. Pour en arriver à formuler des recommandations pour la pratique, l'auteur s'inspire à la fois de la littérature existante et de ses observations personnelles de clinicien travaillant au Nunavut. Les interventions s'inspirant d'une approche thérapeutique fondée sur le système familial sont très compatibles avec les valeurs inuites et seront l'objet d'une discussion en tant qu'intervention bénéfique auprès des clients inuits.

“We are just visitors to this time, this place. We are just passing through. Our purpose here is to observe, to learn, to grow, to love ... and then we return home.”

— Australian Aboriginal Proverb

The territory of Nunavut in Canada's Northern region houses a population of about 37,000 people, 81% of whom are of Inuit descent (Nunavut Bureau of Statistics, 2014). Nunavut—like many First Nations communities, reserves, and towns—is home to a sad history of colonialism, residential school systems, and

sovereignty efforts that disregarded the culture of First Nations and Inuit people involved in these events. Even decades after the last residential school closed its doors, it is in Canada's North where the intergenerational effects of the residential schools are most acutely felt (Davison, 2014). The sudden and drastic changes to the Inuit way of life have had lasting impacts on Inuit culture to this day. With the rapid modernization of society in Nunavut, many Inuit people are left trying to connect with the way their ancestors were raised. The ever-increasing population of non-Inuit service providers, government personnel, and health care workers further distance Inuit individuals from their traditions.

I observed the need for mental health support in Nunavut in my time there. Individuals struggling with past trauma, identity crises, and family issues are looking for counsellors who understand their needs and culture. Therapists who wish to provide culturally sensitive therapy to the Inuit population in Canada's North should have an understanding of the traditionally collectivist Inuit social structure, the history of colonialism, and the resulting psychosocial issues. In this article, I will combine critical reflections from my personal experience working as a clinician in Nunavut with existing literature. I have chosen to focus on family systems therapy, which encompasses familial, cultural, and historical dimensions due to the intersection with Inuit societal values. I believe this approach would be very beneficial for Inuit clients.

GAINING BACKGROUND KNOWLEDGE OF INUIT CULTURE

Counsellors working in Canada's North should educate themselves on the history of Inuit culture to understand the social and environmental factors affecting their clients. Knowledge of Inuit societal values, or *Inuit Qaujimajatuqangit*, can help counsellors strengthen their cultural sensitivity when working with Inuit clients. To incorporate both traditional and contemporary values of Inuit people, the Government of Nunavut created an all-encompassing mission statement of these principles as part of their commitment in the Nunavut Land Claims Agreement (Arnakak, 2002). Many of these seven principles involve acquiring skills and knowledge that encourage one to provide for their community, as well as practicing environmental stewardship, which is viewed holistically as including people and wildlife (Arnakak, 2002). These guiding principles overlap, revealing the foundation of this society that values the interconnected nature of all involved. From the principles, one can see that Inuit society was built upon community values, shared responsibility, and using consensus for problem-solving (Tagalik, 2012). Unfortunately, colonization has had detrimental impacts on the practice of Inuit values.

Colonialism has caused psychosocial issues that are antithetical to mental and holistic health. Survivors of that era experienced isolation, separation from family, loss of identity, and loss of their language and culture (Carriere & Richardson, 2013). Young children were often forcibly removed from their homes and communities to attend federally supported, church-operated, residential schools (Da-

vison, 2014). Many children were inadequately fed, and all lacked the care and nurturing of parents, grandparents, and communities (Harper, 2008). Those who survived residential schooling often returned to their home communities with no true sense of belonging. They returned to families they no longer knew, to cultures and traditions with which they had lost touch (Davison, 2014), and were left to start families of their own. Children who grew up in the residential school system did not have consistent parental role models. As a result, when these children later became parents, many enacted abusive practices similar to those that they, their parents, and their ancestors had experienced in residential schools. Research by Davison (2014), Dell et al. (2011), Kral (2013), and Sider (2014) suggested that the residential school experience has significantly contributed to current rates of drug and alcohol abuse, violence, and sexual abuse issues among Indigenous people compared to non-First Nations or non-Inuit Canadians. It has been found that adults who were reared in dysfunctional settings as children are more prone to psychological distress as adults (Mackrill, Elklit, & Lindgaard, 2012). Thus, the cascading effects of the residential school experience are still felt today; children of survivors who were raised in dysfunctional families are often at risk of facing adversity as parents (Mackrill et al., 2012).

The plan for the assimilation of Inuit in Canada resulted in forced relocations of Inuit across the Northwest Territories, including present-day Nunavut (Tagalik, 2012). The governance of Inuit society was overtaken as traditional leadership practices were removed; Elders were no longer valued for their knowledge, thus halting the transmission of traditional practices (Laugrand & Oosten, 2011). With changing values and loss of traditions, the damage has been long lasting; learning from Elders in the school system has only been added to the modern curriculum in the last 15 years (Laugrand & Oosten, 2011). Language barriers, changing values, and limited opportunities have reduced the number of youth who learn from Elders as they pass on traditional Inuit societal values. As a result of colonization, there has been a break in the transmission of *Inuit Qaujimajatuqangit*. The impact of this pain on society is only now being understood in Nunavut and across Canada.

Inuit people in Nunavut have faced an immense amount of change in their history; although restoring their culture to its precolonialism state is likely not realistic, counsellors working in Canada's North can offer appropriate support throughout this cultural transition. Aside from counsellors equipping themselves with knowledge of Inuit history and utilizing family system therapies, the mental health workforce needs to be expanded in order to ensure adequate services in Nunavut.

CURRENT COUNSELLING PRACTICE IN NUNAVUT

After identifying the seriousness of the perpetuating psychosocial factors that Inuit people face, one would expect that the amount of psychological support would be equal to the need. However, in my experience, some of the most poign-

ant realities of current counselling practice are the significant gaps in services and the deficiency of educated service providers. The amount of support differs greatly across communities due to low retention rates and difficulty filling vacancies in remote Northern communities. For example, smaller communities may only have contract mental health nurses or consultants who are in the community on a short-term basis. Community health nurses often provide mental health services, including conducting suicide risk assessments, in the absence of other professionals (Healy, 2010).

Further, some feel that the current counselling practices do not fit with the Inuit worldview (Tagalik, 2012). Nunavut needs resources reflective of interconnected systems such as family, extended family, community, school, peers, modern and traditional resources, and culture (Healy, 2010). A paradox of this field in Nunavut is that mental health support workers generally must possess a relevant university degree (Wihak, 2004); however, there is no university in the territory, thus creating a barrier to having educated Inuit mental health service providers. Most counsellors in the territory are non-Inuit; therefore, it is essential that counsellors possess cultural sensitivity to the history of oppression and the collectivistic structure of society.

Perhaps the greatest indicator of the inadequacy of current mental health support is the staggering statistics concerning suicide among Inuit people in Nunavut. Over the past 40 years, the suicide rate in Nunavut has consistently been 10 times higher than the average rate in Canada (Chachamovich & Tomlinson, 2013). Research has shown the prevalence of psychosocial issues such as substance abuse, family violence, and loss of identity are influencing the high rates of suicide in the territory (Chachamovich & Tomlinson, 2013).

UNIQUE PSYCHOSOCIAL ISSUES AMONG INUIT IN NUNAVUT

It is common to see devastating statistics in the media that reveal problems in Northern Canada. Some may hear stories through word of mouth or learn about First Nations and Inuit history in school. The previously discussed resources are limited, but not for lack of need, as the statistics set the territory of Nunavut apart from the rest of Canada. The issues discussed in the following section are not unique to Nunavut or Inuit people. Rather, the statistics show a striking prevalence of these issues within a very small population.

According to 2011 census data, the highest rates of police-reported family violence were found in the territories. The rate of family violence per 100,000 people was 3,294 in Nunavut compared with 279 throughout the rest of Canada (Nunavut Bureau of Statistics, 2013). This rate does not account for the numerous cases of family violence that go unreported. Additionally, suicide among Inuit in Nunavut occurs at a rate of about 110 deaths per 100,000 people, about 10 times the rate in the rest of Canada (11 per 100,000; Eggertson, 2013). Researchers from McGill University found high rates of childhood sexual and physical abuse, depression, and alcohol and marijuana abuse in the histories of 120 people who

took their own lives between 2003 and 2006 (Chachamovich & Tomlinson, 2013). Rates of suicide attempts and suicidal ideation (thoughts of dying by suicide) are also very high in Nunavut (Chachamovich & Tomlinson, 2013). Victims of childhood abuse attempt or complete suicide significantly more often than those who were not maltreated in childhood (Chachamovich & Tomlinson, 2013). By identifying the reasons behind suicidal behaviours, one can better understand the realities individuals in Nunavut face and the need for appropriate assistance.

From their extensive study of determinants of suicide in Nunavut, Chachamovich and Tomlinson (2013) concluded:

the rapid increase in suicidal behaviour in recent decades, especially among young people, is probably the result of a change in the intensity of social determinants—among them is the intergenerational transmission of historical trauma and its results [which may include] increased rates of emotional, physical, and sexual abuse, violence and substance abuse, etc. (p. 51)

This research suggests a correlation between high rates of suicide and the prevalence of psychosocial issues in the territory. The following section will discuss each of these psychosocial issues independently.

Historical Trauma

Historical trauma can be defined as multigenerational trauma experienced by a specific cultural group. It manifests in a range of dysfunctional behaviours that then inform the learning environment of subsequent generations (Pihama et al., 2014). Historical trauma is particularly destructive as it affects those who were directly and indirectly involved in the event(s). It can manifest itself in both personal and interpersonal responses such as depression and anxiety, unresolved grief, suicidal ideation, and impaired bonding (Pihama et al., 2014). Some people who suffered during those years have since healed from the effects of trauma, but others have passed historical trauma to the next generation (Hicks, 2009). Survivors are now adults with children of their own; this second post-residential-school generation of young people is now being raised by those whose own parents had been students in the schools. The “ripple effect” of damaging parenting practices as well as struggles with the effects of traumatization can be observed as it is passed down through the years (Davison, 2014).

Children who are raised in dysfunctional homes are at risk of psychological distress as adults (Mackrill et al., 2012). Some of the factors that constitute a dysfunctional home include the following: (a) the presence of mental illness, (b) the presence of substance abuse, (c) witnessing or being the victim of violence, and (d) the absence of one or both caregivers (Mackrill et al., 2012). Adult children from dysfunctional families often develop coping strategies that helped them survive their tumultuous upbringing but manifest as unhealthy patterns as adults. Thus, a common avenue for intergenerational transmission of historical trauma is family dysfunction, which impacts the social and emotional well-being of children in many families through high rates of adverse childhood experiences

(Hicks, 2009). The experience of being removed from the family home as a child to attend a residential school that imposed strict rules, a new language, and in some instances physical, sexual, and emotional abuse has caused immense trauma among survivors.

Substance Abuse

High rates of alcohol and drug abuse persist in Nunavut despite the complete prohibition of alcohol in some communities. Various complexities underlying alcohol abuse exist, adding to the importance of counsellors gaining an understanding of the factors that influence problem drinking. In a study by Ross, Dion, Cantinotti, Collin-Vezina, and Paquette (2015) of Indigenous respondents who reported substance abuse, 49.3% had been victims of sexual abuse during their lives, 65.7% had been victims of physical abuse, and 71.6% had experienced emotional abuse.

According to Kral (2013), alcohol appears to be more of a problem for the middle-aged residential school generation. However, problem drinking among this generation can cause shockwaves of issues throughout their families. Among Inuit, alcohol-related suicide, family violence, and disruption to family are frequent (Seale, Schellenberger, & Spence, 2006). Heavy drinking (five drinks or more on a single occasion) is widespread in parts of Nunavut, with almost 9 out of 10 consumers having drunk heavily at least once in the past year (Nunavik Inuit Health Survey, 2004). Alcohol use is also linked to homicide and numerous health problems (Seale et al., 2006). Nunavut is seeing a substantial number of babies born with fetal alcohol spectrum disorder due to the mother's problem drinking while pregnant, which may be partially in response to the high rate of male alcoholism that partially fuels the very high rates of domestic violence (Sider, 2014).

The most prevalent drug in Nunavut is marijuana (Kral, 2013). However, in my work with Inuit youth, I have observed that solvent abuse is becoming more common. Solvent abuse among First Nations and Inuit youth has been linked to high rates of poverty, boredom, loss of self-respect, unemployment, family breakdown, and poor social and economic structures (Dell et al., 2011).

Further magnifying substance abuse problems is the lack of in-territory addictions treatment facilities. With limited addictions resources, interventions are almost always made by RCMP and hospital staff. Once it is thought that the individual is no longer a danger to themselves or others, the individual is discharged and generally returns to their home community. Further, those who are sent out of territory for addictions treatment return to their community with limited after-care resources (Healy, 2010). Counsellors working in Canada's North should be prepared to assist Inuit clients with complex substance abuse issues with little in-territory assistance. The risk for further familial dysfunction increases in these families as much of the violence among couples in Nunavut is associated with alcohol (Burkhardt, 2004).

Family Violence

It appears that domestic violence among Inuit in Nunavut intensified when the children of the residential school era became adults in the 1970s and 1980s. It is not uncommon for Inuit children to witness violence between parents, most commonly the father abusing the mother (Kral, 2013). A report titled *Qanuippitali Inuit Health Survey: 2007–2008* revealed that 31% of respondents had been victims of severe physical abuse during childhood (Eggertson, 2013). Taking out one's own pain and suffering on those closest to the traumatized individual through physical, emotional, and sexual abuse is a common dysfunctional coping pattern. The most notable and negative effect of colonial history among Inuit appears to have been on family relations, providing yet another example of cultural discontinuity (Kral, 2013). Individuals raised in an environment where physical, sexual, and emotional abuse was common may also become predisposed to perpetrate violence. Individuals living in the territories are at substantially greater risk of being a victim of violence than those living anywhere else in the country (Davison, 2014).

The *Qanuippitali Inuit Health Survey* indicated a staggering 41% of Inuit in Nunavut suffered severe sexual abuse as children (Eggertson, 2013). Individuals who experience these and other types of maltreatment in childhood are more prone to psychological distress as adults. Child abuse and sexual traumatization have long-lasting effects on mental health, such as a wide variety of cognitive and emotional disturbances, later problems with drug and alcohol abuse, risky sexual behaviour, a tendency to become overweight, and a higher risk for criminality both in childhood and in adulthood (Jacobi, Dettmeyer, Banaschak, Brosig, & Herrmann, 2010).

MODERNIZATION OF SOCIETY: EVENTS TO BE CONSIDERED

Inuit people are a group who survived extreme conditions and isolation through strong connection with the land, their spiritual beliefs, and their traditions (Carrier & Richardson, 2013). All of this changed after contact with the Canadian government and religious institutions who imposed colonialism and residential schools. Although those events were the catalyst, the process of change did not stop after the closure of the residential schools. The territorial government was growing, police presence became larger, and health care centres with Western medicine practices were being opened. Schools with non-Inuit teachers were opening and people from Southern Canada were moving to Nunavut to work. These changes and more are continuing at a steady rate.

At present, about 30% of the population in Nunavut is non-Inuit (Government of Nunavut, 2014). The Government of Nunavut strives for 85% Inuit representation, but it is currently only around 50%, with 88% of those Inuit employees being in administrative support positions (Government of Nunavut, 2014). With high-level government positions filled by non-Inuit people, government priorities

are often disconnected from traditional values as Inuit priorities may not align with a wage-based economy.

Researchers in a study by Brown, Fraehlich, and Ahnungoonhs (2013) surveyed social workers in a First Nations community regarding job satisfaction. Results concluded that First Nations social workers living and working in their home community found their job satisfaction came primarily from serving their community. It was reported that participants did not mention money as a benefit to working in their own community, nor did they describe moving up in their job. Instead of personal autonomy, participants referenced their appreciation of teamwork and collective efforts of staff as well as the agency as a whole.

Presently, it seems youth place less reliance on knowledge from elders and garner few opportunities for the transmission of traditional knowledge (Laugrand & Oosten, 2011). There are lower levels of Inuit language acquisition among youth, causing language barriers between youth and Elders, which contributes to a change in cultural identity (Tagalik, 2012). School systems are attempting to encourage more youth to acquire traditional knowledge by incorporating elders more prominently for teacher and student support (Laugrand & Oosten, 2011). Elders may be employed to provide supportive counselling services in conjunction with the school community counsellor and/or guidance counsellor (Laugrand & Oosten, 2011).

Cultural identity is central to knowing where you are, where you have been, and where you may go. It is, therefore, a central part of healing, recovery, and empowerment. The Inuit cultural identity is a holistic entity that takes into account social, historical, and communal experiences. At all levels of service in Nunavut, support is needed that addresses the shame that people carry regarding the residential school experience and experiences of trauma (Poole, Chansonneuve, & Hache, 2013).

DRAWING FROM TRADITIONAL INUIT COUNSELLING PRACTICES

More written accounts of traditional Inuit counselling practices would help improve knowledge of traditional methods for modern practitioners. A book entitled *Ilagiinniq: Interviews on Inuit Family Values from the Qikitani Region* (Niutaq Cultural Institute, 2011) includes interviews with Elders from the territory who wished to pass on their knowledge. From these stories, one can see how traditional counselling was conducted in Inuit culture.

As Inuit people traditionally lived in small, tight-knit communities, the whole community would be affected when one person was having personal or familial problems (Niutaq Cultural Institute, 2011). It was in the best interests of the entire community to help people with their struggles. An Elder discussed that someone struggling would first be expected to handle their problems on their own. However, if people in the community started to notice these problems, they would be brought to the attention of the Elders. Certain Elders would be designated to counsel others; those chosen for this position were thought of as good advisers and specialists in human behaviour. The process of traditional counselling would

commence with the Elders discussing what they should do until they reached consensus. Then the person causing disturbances would be either brought to begin one-on-one counselling¹ with an Elder or brought to a group of Elders, sometimes using a false pretense to invite the individual. The Elders would reprimand the individual until he or she took responsibility for their actions and confessed wrongdoing. At times, counselling would involve physically holding the person's face up if they felt ashamed and tried to look at the floor. Those being counselled would often be brought to tears, as it was seen as important to let out all emotions.

If counselling did not work the first time, the individual would be counselled repeatedly. One Elder disclosed that if counselling did not work after repeated attempts, the individual might be ostracized, as it was believed that if words did not work, actions such as ostracism were necessary to teach consequences. Elders were responsible for teaching the community to live a good life together, as those who tried to survive alone would likely end up injured or dead. Group consensus with the whole community was sometimes used in counselling practice: the community would surround the individual while the Elders talked to them. This method was also thought to prevent gossiping (Niutaq Cultural Institute, 2011).

As shown in this account of traditional counselling practices, individual-focused counselling was not utilized. It was the view that the actions of one individual could affect the entire community, and thus everyone was responsible for helping the individual heal. Several authors, including Oulanova and Moodley (2010), explored the idea of non-Indigenous counsellors integrating Elders into their practice if the client would benefit from an intervention the clinician could not provide. Traditional elements may include using teachings such as medicine wheels and holistic health ideologies, and incorporating another healer for a sacred ceremony. Many avenues for adequately including traditional elements into current counselling practices in Nunavut can better align with traditional values.

IDEAS FOR IMPROVING COUNSELLING PRACTICE FOR INUIT CLIENTS

Through my work in Nunavut, I have learned that collectivistic tendencies and a focus on the community differentiate Inuit culture from Western cultural values. Western individualism creates barriers to holistic health for indigenous people (Carriere & Richardson, 2013). Working with Inuit clients in the context of their families, communities, and the interconnected realities of their culture may help counsellors working in Canada's North to ensure cultural sensitivity. I recommend using a family systems approach.

A family systems approach would build upon familial relationship networks and support. These values are important in Inuit tradition and are reflected in two Inuit societal values: *Pijitsirniq*—serving and providing for family and/or community—and *Piliriqatigiinni/ikajuqtigiinni*—working together for a common cause (Arnakak, 2002). The importance of building upon the foundation of Inuit culture has become obvious, as imposing Western ideas has resulted in damage to Inuit culture. To properly assist with the prevalent psychosocial issues among Inuit

people, counselling practices that align with underlying cultural values may be necessary. Therapy with a focus on the relationships between people and practices that promote healing, positive change, and new ways of being have been key in family therapy (Carriere & Richardson, 2013). Thus, a family systems approach to counselling Inuit clients may be beneficial.

This shift of focus from an intrapsychic to a family and community systems theory approach (aligned with systemic ideas of family therapy, social psychology, feminism, activism, and social justice work) relates to the ethics of working respectfully with First Nations communities (Carriere & Richardson, 2013). A family systems approach would be an appropriate intervention for counsellors to use in situations where family members are available and willing to engage in therapy, contribute to problem resolution, and disengage from the family processes that maintain the identified client's presenting problems (Carr, 2014).

Family systems interventions aim to reduce distress while concurrently increasing support systems (Carr, 2014). Family systems therapy would engage the client's family members of choice in family or couple counselling. In the initial phase of the family systems approach, the focus is on increasing the ratio of positive to negative interactions, decreasing demoralization, and discovering areas for possible change. The second stage focuses on helping clients reflect on positive and negative recurrent patterns of interaction, destructive belief systems, and underlying relationship themes. Finally, the third phase of treatment involves avoiding reoccurrence of destructive behaviours, primarily through helping clients develop plans if they begin to fall back into problematic patterns. Throughout all phases of therapy, the therapist encourages clients to practice positive communication skills with each other between sessions (Carr, 2014). This approach can also be expanded to include multiple systems such as school or community, and may include a home-based model of treatment, which would remove barriers to accessing services (Hennegler, 2012).

Family systems therapy can appropriately address the prevalent psychosocial issues that many Inuit people face. This type of approach can assist individuals suffering from posttraumatic stress disorder (PTSD), such as survivors of the residential school system in Nunavut. Research by Pukay-Martin et al. (2015) found that PTSD symptomatology negatively affects partners and relationships. Additionally, certain partner behaviours have been shown to negatively affect individuals' PTSD symptoms and treatment. For example, the partner of the individual with PTSD may, with all good intentions, facilitate avoidance of stressful events, thereby reducing the client's engagement in potentially pleasurable experiences. Therefore, enlisting the partner and/or the family of the client suffering from PTSD to be involved in the therapy would help support trauma recovery in a consistent way.

Research by Carr (2014) suggested that engaging the client's family and community can be effective when treating those who have issues with alcohol and drugs. A family systems approach may help sober family members improve communication, reduce the risk of being physically abused, and encourage sobriety in people with alcohol and drug problems (Carr, 2014). The family is viewed as the

most important link in the treatment process. Depending on presenting issues, the clinician would also work to improve a caregiver's parenting skills, affective relationships, and social networks (Hennegler, 2012). In situations involving intimate partner violence, systems therapies have been found to be more effective than individual therapies such as one-on-one counselling. Treatment programs for intimate partner violence conclude that most programs for violent men have limited lasting effects when compared to couple therapy (Carr, 2014).

The main philosophies behind systems theory, which see the individual in the context of their relationships, align with Inuit culture. Allowing and encouraging Inuit clients to engage with their families and communities when coping with difficulties would reconnect these clients with their cultural values. *Inuit Qaujimaqatungit* reflects traditional values that encourage actions that serve one's family and community. Therefore, using a counselling approach that moves away from an individualistic perspective and toward a collectivistic mindset would be appropriate.

When counselling Inuit clients in Canada's North, it is important to ensure cultural sensitivity at all times; as well as aligning the approach with the clients, therapists must consider their own cultural identity. Cultural sensitivity in counselling includes five key components:

1. analysis of personal, professional, and health system cultures and their impact on the patient or community;
2. understanding of diversity, including recognition and legitimacy of difference;
3. consideration of historical, social, economic, and political influences on health and healthcare experiences of individuals and communities;
4. recognition of power differentials between the patient and the counsellor; and
5. involvement of the client (Oelke, Thurston, & Arthur, 2013).

Counsellors should focus on relationship and social justice with a critical analysis of historical, political, and social knowledge of individuals and their culture (Oelke et al., 2013).

An integrated family systems approach to existing services could strengthen support and build capacity for individual communities to address and guide their unique needs for mental health and wellness (Healy, 2010). A holistic approach would assist counsellors in the provision of treatment that is respectful of northern ways of knowing and understanding health and inform solutions for focused after-care plans (Healy, 2010). Additionally, building interpersonal supports within existing kin and family relationship networks that are long-term, self-sustaining, and self-directed (Tagalik, 2012) would benefit Nunavut in the long term. The residential school events endured by Inuit people have caused lasting damage to their traditional ways of being. To best support healing of individuals who experienced residential school trauma, the counselling practices used should be built from the foundation of Inuit culture. Counsellors could use a practice that

involves negotiating an understanding of the client's self in community—with therapy grounded in that negotiation—while validating the selves of the clients and respecting the uniqueness of each individual (Robertson, Holleran, & Samuels, 2015). Facilitating cultural viability and identity in Inuit clients can provide a basis for all other types of health, as it cultivates the collective social supports for the individual and grounds their sense of belonging (Tagalik, 2012).

CURRENT PROGRAM DEVELOPMENT IN FIRST NATIONS COMMUNITIES

After identifying the psychosocial issues that Inuit in Canada's North face, as well as the historical reasons behind them, I have proposed the family systems approach as a beneficial counselling method. I believe it would prove helpful for Inuit clients due to the alignment of this approach with fundamental Inuit values. Pomerville, Burrage, and Gone (2016) suggested that it is promising to add cultural adaptations to counselling practice to make treatment acceptable enough that Indigenous clients will participate; however, more research is needed to establish empirically supported methods.

In other regions of Canada, system approaches are being utilized with First Nations populations within programming, employment centres, and community development projects. Robertson et al. (2015) supported the idea of integrating systemic counselling when working with First Nations clients; they asserted that “using a community development approach would allow clients to situate themselves in a collective framework with respect to family, community, and their Nation” (p. 132). These researchers also emphasized the importance of the counsellor embodying the cultural values, not only discussing them. For the counsellor to become identified as part of the community, “counsellor visibility in both formal and informal settings should be maintained on an ongoing basis (e.g. traditional feasts)” (Robertson et al., 2015, p. 132). This example illustrates a clear contrast with Western counselling practice, which often recommends limited self-disclosure and nonacknowledgement of clients outside of the counselling room. Wihak and Merali (2003) further emphasized that non-Aboriginal counsellors can actually achieve credibility through self-disclosure within Aboriginal communities.

An example of a family systems model being used currently is within the Centre for Northern Families in Yellowknife. The staff of this facility developed a family support model of practice that trains families to provide peer support within the community. They run a training group that takes leaders from six communities in Western Canada and teaches them a comprehensive Indigenous mental health program that can later be disseminated to the participants' respective communities (Robertson et al., 2015). First Nations, Métis, and Inuit Elders described the model as a traditional approach they have always understood. In the model, individual family members—including children—identify goals and strategies that are subsequently negotiated within the family and community context. By using a community development approach and by allowing clients to situate themselves in a collective framework with respect to family, community, and their nation,

this approach provides an opportunity to reconnect with lost cultural identity (Robertson et al., 2015). The program uses rotating leaders, so the group does not always have facilitators or leaders. Instead, it is led by participants. When discussing healing, participants are asked to share their knowledge and experience rather than being taught by facilitators (Robertson et al., 2015).

There remains a need for more research, practice, and development in this area, however. We healthcare providers should not undervalue our need to ask patients and community about their needs and whether they are being met by the care provided. The importance of building trust cannot be underestimated in moving toward culturally appropriate mental health treatment (Oelke et al., 2013).

Development of future programs such as those run at the Centre for Northern Families would likely benefit the territory of Nunavut. Integrating traditional knowledge from Elders and preexisting values would assist counsellors in being culturally sensitive. Despite the previously discussed psychosocial issues, the territory is made up of people with incredible strength and resiliency. Offering counselling practices that align with Inuit cultural values will assist individuals in supporting themselves, their families, and their communities long-term.

CONCLUSION

Counsellors working in Canada's North would be best prepared to effectively assist Inuit clients after understanding the difficult history within the territory. The traditional Inuit values reflect a collectivist culture that prioritizes family systems and community before the self. Counselling support should therefore be aligned with that foundation.

After the damage caused by the residential school system on Inuit culture and the steady modernization of society, the chance to revert to traditional Inuit practices may be out of reach. The ever-increasing population of non-Inuit people moving to Nunavut is changing the way society functions. The past cannot be undone, but those working with and among Inuit people can respect traditional knowledge and seek to preserve a culture that was nearly lost. To best help Inuit people heal from trauma, counsellors, health practitioners, and government personnel should align with the foundation of Inuit culture to give the opportunity for Inuit cultural identity to be reclaimed.

Notes

- 1 While the word "counselling" might not have been used by Inuit communities historically, this was the word used by my source (Niutaq Cultural Institute, 2011).

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